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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT UNFADING INK-THIS PLAINLY, WITH

N.B.

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No...

St; Ward)

[If death occurred in a hospital or institution,

	2 FULL NAME Mesley James &	give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	MARRIED, MOTHER	16 DATE OF DEATH (Month) (Day) (Year)
6 0	PATE OF BIRTH MELONOM, 1	that ! last saw han allye on kneed?
TA	(Month) (Day) (Year) GE Chout 43 yrs. mos. ds. OR min.?	and that death occurred on the date stated above, at a m. The CAUSE OF DEATH* was as follows:
(a pa (b) bus	CCUPATION) Trade, profession, or	Chrdiac monficients arguered Efficient defet (Duration) / yrs. 6 mos. ds.
98	IRTHPLACE tate or country) 10 NAME OF	Contributory contributory (Secondary) (Duration) yrs mos ds
ENTS	11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) Am Att Hadriga M. D. Rechesso , 191 4 (Address) Preffore *State the Disease Causing Death, or, in deaths from Violent
PARE	12 MAIDEN NAME OF MOTHER SURVINION Phoseras	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
14-	13 BIRTHPLACE OF MOTHER (State or country) Maryland THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Oughon	At place of death yrs, mos, ds. State 3 yrs, mos, ds Where was disease contracted, if not at place of death? Former or usual residence.
15 Fi	Address Federalaburg Med, leg ferreso, 1914 Johns Auxadura, REGISTRAP	19 PLACE OF BURIAL OR REMOVAL LANGE DATE OF BURIAL LOUIS DELICION SELECTION ADDRESS LA Promption of Con Feder whether
	If more blanks are needed, address State Registrar, &	Franklin St., Balto., Requesting V. S. No. 1.





[Approved by L. S. Census and American Public Health
Association.]

essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the nisease causing death—Name, first, the nisease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinosais

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "lnanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic Interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg "Contributory." sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. IT RECORD N. B.

Village or City Tysillsbrod (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, MIDDWED, WIDDWED, WIDDWED, Write the word) 6 OATE OF BIRTH	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended desceased from 1914, to
(Month) (Day) (Year)	that I last saw h ne alive on soul (1914
BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	and that death occurred on the date stated above, at S. m. The CAUSE OF DEATH* was as follows: Chronic Methodoxo Allowation (Ouration) yrs mos ds.
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs. mos o ds.
10 NAME OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS) At place In the of death
(Informant)	If not at place of death? Former or usual residence
15 Filed 6-2 - 1914 AB GWY MD	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 INDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can State cause for Examples:



PHYSICIANS should state

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statement of OCCUPATION is very

may be properly classified.

DEATH in plain terms, so that it m See instructions on back of certificate.

N. B.—Every Item CAUSE OF Important.

PLAINLY, WITH UNFADING INK-THIS IS

WRITE

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6 /

Ilt death occurred in

a hospital or institution, give its NAME instead

ot street and number.]

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	St.;	Ward)
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²FULL NAME	700	sho

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Asex 4 COLOR OR RACE MARRIED, Lugle Widowed, ORDIVERCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DATE OF BIRTH	that I last ssw h alive on 191
(Month) (Day (Year) AGE It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in	(Buration) yrs mos ds
PBIRTHPLACE (State or country.) 10 NAME OF FATHER OSC AN DINAGE OF	Contributory Secondary (Doration) (Signed) (Signed) (Doration) (Doration) (Signed) (M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Interment) Car Shape	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? Former or
(Address) Lewsbars Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 (INDERTAKER) 20 (INDERTAKER) ADDRESS (ADDRESS (ADDRE

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V./S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciit should be used only when needed. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer--Coal statement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lests of lungs, meninges, peritonaeum, etc., Carcin-

ample: Measles (disease causing death), 29 ds.; thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



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uld state	PLACE OF DEATH 5690 County Caroline	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 63.
HYSICIANS shou		St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
nt o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH /
Stateme	Male White (Write the word)	Month) (Day (Year)
stated I	6 DATE OF BIRTH March 2324, 1872	17 I HEREBY CERTIFY, That I attended deceased from, 191, 191, 191, 191, 191
should be s	(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
arefully supplied. AGE si that it may be properly certificate.	(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Manyland	(Duration) yrs. mos, ds. Contributory Heavy by Secondary
should be conterms, so	11 BIRTHPLACE OF FATHER OF STATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) *State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Information EATH in plair 6 instructions	of Mother Clara Smith 13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
Item of E OF D tant. Se	(Informant) My Harvey H. Buker	If not at place of death? Former or usual residence
4. B.—Every CAUSI Import	Filed June 25, 1914 Chas B. Harrison Filed June 25, 1914 Chas B. Harrison	Much Creek Madeur 26, 191 4 20 UNIDERTAKER JADDRESS W. 16. Drollis of n Treston
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



8

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mme, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the misease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pnenmonia"); Lobor pneumonia; Bronchopneumonia ("Pnenmonia," unqualified, is indefinite): Tubercalessis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, mant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection ueed not be stated unless important. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. etc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secoudary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustiou," Never report For vio-



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WRITE PLAINLY, WITH UNFABING INK-THIS IS A PERMANENT RECORD	N.B Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	Important. See Instructions on back of certificate.
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PLACE OF DEATH 5691	STATE OF MARYLAND
Carolina (1)	CERTIFICATE OF DEATH
County	Registration Dist. No. 62
Village or City Hour - (No	St.; Ward) A hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale While Single, MARRIED, MAONER WIDOWED WOOD (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH War Innovan	, 191, to
(Month) (Day) (Year)	that I last saw halive on
7 AGE 11 LESS than t day, hrs. OR min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gordinary (Secondary)
10 NAME OF FATHER WINSSAUL	(Signed) Charles Senton Manyland
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Holes mo	Sulon Cultury from 24, 191. 4
Filed June 23, 1914 Da Junge mi	20 UNDERTAKER SOURCESS

State Registrar, 6/E. Franklin St., Balto., Requesting V. S. No. 1.

If more blanks are needed, address





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necfication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In all respect to the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthoria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purrerral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Conyulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ample: Measles er" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-



RECORD

WRITE PLAINLY, WITH UNFADING INK-THIS IS

ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION Is very PERMANENT stated EXACTLY. of information should be carefully supplied. AGE should be st . DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. Item 0 Every Item CAUSE OF Important. 1 PLACE OF DEATH 5692

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 64
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St.;.....Ward)

[If death occurred in a hospital or institution,

FULL NAME Wildred	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, WIDDWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
	14 that I last saw held alive on January 7, 1914
7 AGE If LESS 1 day, yrs	hrs. The CAUSE OF DEATH* was as follows:
e OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry.	Francotur Birth
business, or establishment in which employed (or employer)	(Duration) yrs mps. ds.
9 BIRTHPLACE (State or country)	Gentributory Secondary Obration yrs mos os.
OF FATHER LAGAN Cannon 11 BIRTHPLACE OF FATHER	(Signed)
(State or country) 12 MAIDEN NAME OF MOTHER BRANCH	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Addidental, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country)	OF RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted.
(Informant) Control Control	If not at place of death?
(Address) Heleralshing me	Bethel md June 28, 1914
Elled 11110/18 1014 /177 Veldenson	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Wanklin St., Balto., Requesting V. S. No. 1.

V. S. No. 1.

N.B.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of



Important.

	² FULL	NAME	u	ill	ian	e
	PERSO	VAL AND	STATIST	ICAL PA	RTICUL	AR
3 51	nuer	4 colo	R OR RACE	WIDO		rd)
6 D	ATE OF BIRTH	******************	Och	,	(Day)	
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5693

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 63

NAME William Eur	St; Ward) St; Ward) [If death occurred to a hospital or institution, give its NAME lostead of street and number.]
NAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 (Mereby Certify, that I attended deceased from that
70 yrs. 8 mos. // ds. QRmin. ?	that I last saw have allive on bout see 1,191 and that death occurred on the date stated above, at 730 Gm, The CAUSE OF DEATH was as follows:
or January Industry, Shment in Imployer) Jerusay Acce ER Duntry) Jerusay Acce ER Duntry) NAME NAME NAME To Lace Acce ER Duntry To Lace E	(Signed) (Signed) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Homicidal.
TRUE TO THE BEST OF KNOWLEDGE TO STANLES G. 1914 Chas. B. Harrison Local Registran	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place io the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or usual residence. 19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL L. 1911 L. 1900 L. 1
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the DISKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuil, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Purpenal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Accidental drowning; Struck by railway train-acch LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 affection need not be stated unless important. nant neopiasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," (name origin; "Can-The nature of the "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURRAU, V.S.

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certificate.

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Instructions

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(Address)

PHYSICIANS should state of OCCUPATION is very

RECORD

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9 Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 5 SINGLE. 4 COLOB OR RACE MARRIED, WIDDWED (Month) ORDIVERCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) TAGE It LESS than and that death occurred on the date stated above, a f day, hrs. The CAUSE OF DEATH * was as follows: OR 7 8 OCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory (Secondary) 10 NAME OF FATHER (Signal 11 BIRTHPLACE (Address) OF FATHER (State or country) AREN *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place in the OF MOTHER (State or country) _____ yrs. mos. ds. State yrs. ____ mos. ... Where was disease contracted. if not at place of death?. Former or usual residence.

30 UNDERTAKER **QDRESS**

DATE OF BURIAL

OF BURIAL OR REMOVAL

fif death occurred to

a hospital or institution,

give its NAME Instead of street and number. 7

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, periionaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL scptichaeture of the American Medical Association.) cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Coilapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "Asampie: Measles valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mally oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), (disease causing death), 29 "Dropsy," (name origin; "Can-"Exhaustion,"



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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH SICIANS should Registration Dist. No. 66 Ilt death occurred in ...Ward) a hospital or Institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day OROIVORCEO I HEREBY CERTIFY, That all attended deceased from uess. DATE OF BIRTH allye on (Month) (Day (Year) 7 AGE It LESS than and that death occurred on the date stated above, at 1 day,....hrs. OR 7 BOCCUPATION (a) Trade, protession, or (b) General nature of Industry, business, or establishment in which employed (or employer) ----that it mi Contributory 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) 000 terms, n back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME piain OF MOTHER See Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country ot death yrs. mos. .. State yrs. ____ Where was disease contracted, It not at place of death? Former or OF usual residence Important. CAUSE 19 PLACE OF BURIAL OR DATE OF BURIAL 20 UNBERTAKER ADDRESS REGISTRAP If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," engineer,

pneumonia"); Lobar pncumonia; Bronchopneumonia "Croup";) brospiual meuiugitis"); Diphtheria (avoid use of fever (the only definite synouym is "Epidemic ceretime and causatiou), using always the same accepted causino death (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercuterm for the same disease. Examples: Cerebrospinal Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report-"Typhoid Carcin-

> LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronic interstitial nephritis, naut neoplasms); Measles; Whooping cough; Chronic eer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caucause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accichildbirth or miscarriage as "Puerperal septichaecause. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras Bronchopneumonia (seeondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and eonsequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine defiultely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a defiuite disease can be ascertained as the "Collapse," "Coma," "Couvulsions," "Debility" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," State eause for "Exhaustiou," For vio-

tions answered in detail, it will prevent further correspond-If this certificate is looked over thoroughly and all questhe data is essential and must be obtained before

the certificate is permanently filed.



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שאומייים אסבי סביא אומייאלאיי	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state if OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
	IS A PER	ild be stated assified. Exa
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See instructions on back of certificate.

N. B.

¹ PLACE OF DEATH	5696	1
County Carolin		(7
Village or City Lodge	ely (No.	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 6

5	÷		W:	ard	1
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[It death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME And Sheet	ibhs of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Negro (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH Month (Month) (Day (Year)	that I last saw home alive on Min 1914.
7 AGE 17 yrs mos _ 2	and that death occurred on the date stated above, at // / m. The CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	About (Duration) / yrs mos ds.
9 BIRTHPLACE (State or country) Mary Land 10 NAME OF Actes Globs 11 BIRTHPLACE OF FATHER (State or country) Mary Land 2 Mary Land 12 MAIDEN NAME	Contributory Secondary (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (
of Mother Courses Eater 13 BIRTHPLACE OF MOTHER (State of country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds State yrs, mos ds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Redgely MS 15 Filed Gully 141914 Dairs REGISTRAR	19 PLACE OF BURIAL OR REMOVAL News, Redgely 20 UNDERTAKE ADDRESS Silvenshop Light Silvenshop 19 PLACE OF BURIAL ADDRESS Silvenshop ADDRESS
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



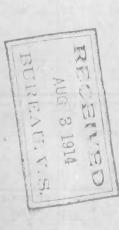


[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dnties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coul material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various parsnits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclainjnry, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheula," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of... ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "PUERPERAL peritonitis," etc. State cause for tetanus) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," (name origin; "Can-"Exhaustion," Never report For vio-



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PLACE OF DEATH 5697 County Caraline	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Rear Deutsey	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 1 Color or RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH June 19, 191.4 (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH See. 28, 1844 (Month) (Day) (Year)	that I/last saw h in alive on Jule 19, 1914,
7 AGE Solvers Solvers ds. If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 5.6. 22m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Particular kind of work.	Paralgois
(h) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. / ds.
10 NAME OF FATHER SALVAGE	(Secondary) (Duration) yrs mos. ds. (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 7	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
(Informant) Salowow Triusge,	Where was disease contracted, If not at piace of death? Former or usual residence
(Address) Deutse Mid.	Parily let on Parent Lange 22 191 4

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSINO DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthfulbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal materiai worked on may form part of the second essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUEEPEEAL septichaccause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-"Coliapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ampie: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of ... er" is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can death), 29 "Exhaustion, Never report



PHYSICIANS should state of OCCUPATION Is very

Exact statement

of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

be stated

RECORD

PERMANENT EXACTLY.

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH

5698

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 64
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St .: -Ward)

If death occurred in a hospital or institution, give its NAME Instead of street and nomber.]

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Single Widowsto, OR ONVOCED (Write the word)	(Month) (Day (Year)
DATE OF BIRTH (Month) (Day (Year)	that I last saw half allve on Jame 21, 1914.
7 AGE If LESS than 1 dayhrs ds or or ds. OR	and that death occurred on the date stated above, at & P m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry.	Premature
business, or establishment in which employed (or employer)	(Duration) yrs
9 BIRTHPLACE (State or country) 10 NAME OF FATHER STATE & GULLETT 11 BIRTHPLACE OF FATHER OF COUNTRY) 12 (State or country)	(Signed) 9/3 Jefferson , M. D. Ame 22, 1914 (Address) Federal String and
(State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) WA 13 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Contout & Gullette	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Talerals hono Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

S. No. 1.

item OF

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B.—Every Item CAUSE OF Important.

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me 22 1914 R



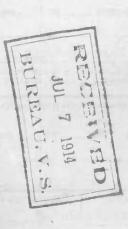


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease of persons engaged in domestic service for wages, as essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) -Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puenperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) State cause for



No. vi

Z

1 PLACE OF DEATH County

PERSONAL AND STATISTICAL PARTICULARS

(Month)

5 SINGLE, MARRIED, WIDOWED,

ORDIVORCED

(Day

Year)

If LESS than

1 day,.....hrs.

OR min. ?

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

4 COLOR OR RACE

STATE OF MARYLAND

CERTIFICATE OF Registration Dist.	
St.;Ward)	Fil dooth accurred in
EDICAL CERTIFICATE OF	DEATH
HEREBY CERTIFY, That I at	101
curred on the date stated at DEATH* was as follows:	
(Duration)	yrs. 9 mos. ds.

17 I HEREBY	CERTIF	Y, That I	attended	deceased	froi
1/15	1 to.,	,		, 19	1
that I last saw h al	Se and			19 10-D	,
and that death occurred o	200	M	,	4-0	•
and that death occurred o	n the dat	e stated	above, at_	.J/	n
The CAUSE OF DEATH*	was as fo	ollows:			
	11/1/			P	
	ill	100	M		
***************************************	/Dur	etian)	G)	
	(Dur	ation)	yrs/	8cm	
ContributorySecondary			***********	***********	
	(Don	métan)			
77170		ation)		mos	
(Signed) 19/9 Le	ffe	DA	m,	e,	M.
Jane 13.14 4	Address)	role	rals	busa	2
*State the DISEASE C	AUSING D	FATH OF			
*State the DISEASE C CAUSES, state (1) MEA: TAL, SUICIDAL, OF HOMI	NS OF IN	JURY; an	d (2) wb	ether Acc	IDE
18 LENGTH OF RESIDEN		TIEF S			-
OR RECENT RESIDENTS	CE (FOR M		INSTITUTIO	NS, TRANSI	ENT
At place of death yrs mos.	do	in the	a. Nem		
Where was disease contracted.	us.	State		mos	- 5
If not at piace of death?				*******************************	
Former or					
usuai residence.			***************************************		
19 PLACE OF BURIAL OF	REMOV	AL	DATEO	FBURIAL	

16 DATE OF DEA

state PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. classified. 4 pe 15 should -THIS properly AGE INK pe supplied UNFADING may certificate. carefully that it 20 DEATH in plain terms, so See Instructions on back of WITH be should PLAINLY. information WRITE 0 Item OF Every item CAUSE OF Important.

Very

3 SEX

7 AGE

PARENTS

15

DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work.

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

(b) General nature of industry.

business, or establishment in

which employed (or employer) ...





[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as material worked on may form part of the second (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage as "Puenpenal septichae ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. cause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for



item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very ant. See instructions on back of certificate.

PERMANENT

4

PLAINLY, WITH UNFADING INK-THIS

WRITE

N. B.—Every item c CAUSE OF I

PLACE OF DEAT	r H 5700
County Learolin	
Village or City DELL	laco (No.
PHI I NAME	ludail



St.;....Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

FULL NAME Sugary Hace	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Herewile White Single, Dingle Wlote Orbivorge Orbivorge Orbivorge (Write the word)	16 DATE OF DEATH (Day (Year)
G DATE OF BIRTH Company (Year) (Month) (Day (Year)	that last saw here alive on June 25, 1914.
⁷ AGE If LESS than	and that death occurred on the date stated above, at 18 A m,
1 day,hrs.	The CAUSE OF DEATH* was as follows:,
(a) Trade, profession, or particular kind of work.	Dusnaleel Child-
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF John Horris	(Signed) Daws aw C. Leonge, M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Vigata Portes	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, or REGENT RESIDENTS) At place In the of death yer many de Chate
14 THE ABOVE IS THE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, It not at place of death?
(Intermant) John Hus	Former or usual residence
(Address) Drutay mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Flied June 8, 1914 Da Gurge In & REGISTRAR	Ling grove Jaco 28, 191 4 20 UNDERTOKER ADDRESS Parents
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulcsis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaethenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciaccidental, suicidal, or homicidal, or as probably which snrgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated nnless important. dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or interenrrent) Always qualify all diseases resulting Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING RESERVED FOR MARGIN

Village or City Section (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 62 [It death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Prince Color of RACE Single, MARRIED, MARRIED, WIDOWED, OR DIVERCE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from Mich. (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from Mich. (Month) (Day) (Year) (Year)
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day,hrs. ORmin.?	that I last saw her alive on Office 5, 1914 and that death occurred on the date stated above, at 5 mm. The GAUSE OF DEATH* was as follows:
(b) General nature of Industry, business, or establishment in which amployed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	(Duration) yrs. 5 mos. \$ ds. Gontributory (Secondary) (Duration) yrs. mos. ds. (Signed) Clurion M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. **18 LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) A1 place In the of death
(Informant) Secretary (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Calored Court for the court of the court o
Filed Luce 5, 1914 DO Thorge M. REGISTRAR If more blanks are needed, address State Registra	20 UNDERTAKER ADDRESS Lingil Zucore Deutaw Zuc B. Franklin St., Balto., Requesting V. S. No. 1.



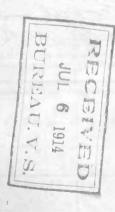


[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative Lealthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "PUERPERAL septichac. etc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maran genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convultions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing death), 29 affection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Ohronic interstitial nephritis ment neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of _ The contributory (secondary or intercurrent tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Examples For vio-



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Every ltem of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH



5702

STATE OF MARYLAND CERTIFICATE OF DEATH

R	egistration	Dist.	No.
	St.;W	ard)	a h

[If death occurred in a hospital or Institution, give its NAME lostead of street and number.]

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ull	Lowe

FULL NAME (Allust)	X Q LL X Q
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Demark Colored Spingle, Married, Widowed, Widowed Ordivers (Write the word)	18 DATE OF DEATH / 1914 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on from 9 , 1914.
7 AGE 1f LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration)yrs. 6 mosds.
9 BIRTHPLACE (State or country) Suary Rund	Contributory (Secondary) (Buration) yrs mos ds.
11 NAME OF FATHER William Julanty	(Signed) / Fulle , M. O.
Z OF FATHER (State or country) Cure Cario	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Marine	18 LENGTH OF RESIDENCE (FOR HOSPITALS. INSTITUTIONS, TRANSIENTS, or Recent Residents) At place In the of death yrs, mos ds. State yrs, mos ds.
(Interment) 2000 Company (Interment) 2000 Company (Interment)	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Sulvilans Sul	Brussville September 3, 1914
Filed June 13, 1914 DO George 20 3	20 UNDERTAKER ADDRESS :

If more blanks are needed, address State Registrar & E. Franklin St., Edito., Requesting V. S. No. 1.



2

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from husiness, that fact may be indi-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISTASE gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease). Lobar pheumonia; Bronchopheumonia ("Pneumonia," unquaified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PURRPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronical oma. Surcoma. etc., of _______ (name origin: "Can-er" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Accidental drowning; Struck by railway train—acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," Examples: For vio-



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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in St.; Ward) a hospital or Institution, give its NAME Instead of street and number.] mentille. MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 4 COLOR OR RACE 3 SEX MARRIEO, WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration)yrs. which employed (or employer) Contributory..... 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Address) 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, atate (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State yrs. mcs. of death _____ yrs. ___ mos. __ _ ds. Where was disease contracted. If not at place of death?-Former or DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar/ C/E. Franklip St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b)
Graceru: (a) Foreman. (b) Automobile factory. The who have no occupation whatever, write None. ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of IIIbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative licalthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," (a) the kind of work and also (b) "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing different of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid different pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencia. injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage, as "Purreral scptichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genltal," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Con ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can death), 29 ds. "Exhaustion," Examples:



PHYSICIANS should state of OCCUPATION is very statement PERMANENT EXACTLY. stated properly classified. UNFADING INK-THIS IS carefully supplied. may Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

[if death occurred in a hospital or institution.

FULL NAME TRUSK- MUSE	Skelle give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sexuall Wille (Single or bivorge or word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	that I last saw here alive on 6-23, 1914
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Intestinal Obstruction
business, or establishment in which employed (or employer) BIRTHPLACE (State Country) Country (State Country)	Gontributory (Duration) yrs mos ds. Georgiany (Duration) yrs mas ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or Chipter Volume Co	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE (Internant) (Internant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, if not at place of death? Former or gual residence.
(Address) Coldalius 1888 16 Filed 6/2/3 1944 11 2 lewopter	19 PLACE OF BURIAR OR REMOVAL DATE OF BURIAL OF BURIAR OF BURIAR OR REMOVAL ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stalionary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are eugaged in the Never return "Laborer," "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronehopneumonia ("Pueumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichae thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of..... (uame origin; "Cuncause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonities," etc. State cause for cause. etc., whou a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness." "Heart failure," "Haemorrhage," "inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), (Recommendations on statement of "Dropsy," "Exhaustlon," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Mars Developer 12 FULL NAME FARSSEL	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 2 St.; Ward) St.; Ward) [if death occurred is a hospital or institution, give its NAME instead of street and cumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, ORDIVORCED! (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	That I last saw hair alive on June 15 , 1914,
TAGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 11 Am, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Duration) yrs. 2 mos. ds. Contributory Mel Burur (Secondary) (Deration) yrs. mos. ds.
10 NAME OF FATHER CLUB CONTROL OF FATHER (State or country) 12 MAIDEN NAME	(Signed) , M. O. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the of death yrs, mos. ds. State yrs, mos. ds.
(Interment). Contact the BEST OF My KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
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	r, 6 E. Franklin St. Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons of persons engaged in domestic service for wages, as CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative Lealthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Purpresal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ver" Is less definite; avoid use of "Tumor" for mailg nant neoplasms); Measles; Whooping cough; Chronic oma. Surcoma. etc., of The contributory tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for "Exhaustion," Examples: For vio-



RECORD

A PERMANENT

B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION—is very important. See instructions on back of certificate.

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PLACE OF DEATH	5706
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STATE OF MARYLAND CERTIFICATE OF DEATH

-		No. 64
Registration	DIST.	No

Ω			Registration Dist.	No. 67
Village or City Hederal Sturg	Z(No	***************************************	St.;Ward)	[if death occurred a hospital or institution
	- 1	1 1		give its NAME inste

in on, ead of street and number. 1

PE	RSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
sex kmal	4 COLOR OR RACE MARRIED, WIDOWED, WOONGED (Write the word)	(Month) (Day (Year)
DATE OF B	(Month) (Day (Year)	Dec / 1914, to me / 1914 that I last saw her alive on may 14, 1914
⁷ AGE	37 yrs mos ds. OR min. ?	The CAUSE OF DEATH* was as follows:
business, or of which employed	ession, or of work	Contributory Secondary
OF (Sta	THPLACE FATHER ate or country) DEN NAME A THER THER THER THER THER THER THER THE	(Signed) 17 1011 (Address) Televalshing M. I *State the DISEASE CAUSING DEATH, or, in deaths from Violen CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidentally or Homicipals.
13 BIRT OF M	HPLACE MOTHER THE OT COUNTRY) WE IS TRUE TO THE BEST OF MY KNOWLEDGE LAMES A Richaelts	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, If not at place of death? Former or usual residence.
(Addre	re 1, 1914 B & Defferson REGISTRAR	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL DELLE MA June 2., 1917 20 UNDERTAKER ADDRESS TRANSform & Sou Hederalson





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as mine, etc. Women at home, who are engaged in the statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indivery important, so that the relative healthful-Never return "Laborer," (b) Cotton mill; (a) Salcsman, "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerreral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) tctanus) may be stated under the head (Recommendations on statement of State cause for



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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD N. B.-

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 67

	S	t	9	W	ard)
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[if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Glack (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
© DATE OF BIRTH DEC. (Month) (Day) (Year)	17 I HEREBY GERTIFY, That I attended deceased from Omay 13 1912, to May 30 1914. that I last saw here allow on many 30 1914.
73 yrs. 5 mos. 15 ds. 1 day,hrs. ormin.?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Asusciulf (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) 2 yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland	Contributory (Secondary) (Duration) yrs. mos. ds.
OF MANE OF FATHER OSTALL BOLLINS 11 BIRTHPLACE OF FATHER (State or country) Orangland 12 Maiden Name OF MOTHER	(Signed) Sterr Authority (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the of death yrs. mos. ds. State yrs, 5 mos. / 5 ds Where was disease contracted.
(Informant) Cares Pasa	it not at place of death? Former or usual residence.
Filed Julius, 1914 Julius Dictaduray REGISTARE O If more blanks are needed, address State Resistrar/8	DATE OF BURIAL OR REMOVAL DATE OF BURIAL PARTIE OF BURIAL 1914 ADDRESS Liveryston Synthesis Street





[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (rctired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers it should be used only when needed. As examples: additional line is provided for the latter statement; CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

mia," "PUEEPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenitai," "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can Examples: For vio-



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statement

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilf death occorred in St.;.....Ward) a hospital or institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED, Willo (Month) OROIVORCED (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 191 that I last saw h..... alive on..... (Month) (Day (Year) If LESS than 1 day hrs. OR min. ? mos 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 11 BIRTHPLACE PARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State Where was diseasa contracted. THE ABOVE IS TRUE TO If not at place of death?osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No.



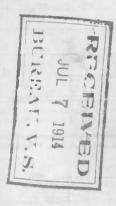


[Approved by U. S. Census and American Public Health Association.]

who receive a definite salary), may be entered as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE material worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory Aiways qualify all diseases resulting from (secondary or intercurrent) State cause for



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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5709 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
M	ale Thite Single, widowed, or bivorce (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
DA	TE OF BIRTH NOV. 26 1898.	17 I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw h mallye on January 191 4
AG	ii stoo thun	and that death occurred on the date stated above, at A.m
	15 yrs 6 mos 14 ds OR min.?	The CAUSE OF DEATH * was as follows:
	CCUPATION Trade, profession, or	(fallether such
part	llcular kind of work	
busin	General nature of Industry, ness, or establishment in the employed (or employer)	(Duration) yrs mos 6 de
BIF	RTHPLACE	Contributory Secondary
,	(State or country)	(Duration) yrs mos d
	10 NAME OF Hatter (Willelm)	(Signed) Macostrony , M. 1
AKENIS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH OF In deaths from MICHAEL
	12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLEN CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
-	13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos d
TI	HE ABOVE IS, TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(1	Informant) It a Mighlacle my	Former or usual residence.
	(Address) Decresville, Mg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
5	0	20 UNDERTAKER ADDRESS
File	1 June 12, 191 3 & O George 21 &	Who ail man of Surface

V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu mauy first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the cated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indibeen changed or given up on account of the disease who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-. Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutesis of lungs, meninges, peritonaeum, etc., Carcin-

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PHYSICIANS

RECORD

OCCUPATION IS Village or City PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF 4 COLOR OF RACE 5 SINGLE, 3 SEX MARRIED, WIDOWED, ORDIVORCED (Write the word) 17 6 DATE OF BIRTH that I last s (Month) (Day) TAGE If LESS than and that dea 1 day, ___hrs. The CAUSE OR - min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Contribu 9 BIRTHPLACE (State or country) (Seconda 10 NAME OF FATHER (Signed) jo 11 BIRTHPLACE OF FATHER (State or country) ARENTS on back *State t CAUSES, SI 12 MAIDEN NAME TAL, SUICE OF MOTHER instructions 1B LENGTH OR RECEN 13 BIRTHPLACE At place OF MOTHER (State or country) of death Where was dis-See it not at place Former or usual residence mportant. 19 PLACE O Address) 15 20 UNDERT

PLACE OF DEATH

STATE OF MARYLAND

CERTIFICATE OF DEATH
Registration Dist. No. 65
St: Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
F DEATH 7", 1914
(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
aw h alive on 191
oth occurred on the date stated above -t
OF DEATH* was as follows
(Duration) yrs. mos. ds.
(Duration) yrs. mos. ds.
the DISEASE CAUSING DEATH, or, In deaths from VIOLENT tate (1) MEANS OF INJURY; and (2). whether ACCIDENTIAL, or HOMICIDAL.
OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS; TRANSIENTS, TRESIDENTS)
yrs mos ds. State yrs mos ds
yrs. mos. ds. State yrs, mos. ds ease contracted, of death?
in the

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by L. S. Census and American Public Health
Association.]

applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is nec-Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary Areman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In all exists affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras. genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:



PHYSICIANS should state of OCCUPATION IS VELY Exact statement PERMANENT AGE should be stated EXACTLY. of information should be carefully supplied. AGE should be st DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. UNFADING INK-THIS Every Item of information should be CAUSE OF DEATH in plain terms, se PLAINLY. WRITE Important. PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No. 62

If death occurred in

*FULL NAME Clbert	Decler and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE WINDOWEO, ORDIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
B DATE OF BIRTH Oct Z2, 1893 (Month) (Day) (Year)	that I last saw halive on
7 AGE If LESS fhan 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	Later by an Osteopallo: Paul to ay after Dealle - Bordinelly Pulmonary Liberculoses (Duration) yes see mos de
9 BIRTHPLACE (State or country)	(Secondary) (Daration) yrs mos di
OF FATHER OF FATHER OF FATHER OF State or country) 12 MAIDEN NAME	(Signed) Dawdaw O, deorge M. D. *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Olio	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State yrs. mos. ds.
(Informant) (Informant)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address).	Duelow Cemetere June 22, 1918

REGISTRAR

If more blanks are needed, address State Registrar C E. Franklin St., Balto., Requesting V. S. No. 1.

B. No.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative lealthful-Housewife, Housework, or At Home, and children, not Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

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